

The Embassy of the United States of America
AMBASSADOR'S SPECIAL SELF HELP FUND
PROJECT APPLICATION FORM

Attention: Special Self Help Coordinator

310, Avenue Des Aviateurs, Kinshasa/ Gombe, Dem. Rep. of Congo

Tél: (243) 81 556 0151 ext.2144

Warning

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Criteria

Projects should:

- (a) originate from the local community, combine its capacities, and promote its self-sufficiency;
- (b) improve basic economic and social conditions at the grassroots level;
- (c) support high-impact, quick-implementation activities (< 12 months);
- (d) benefit a large number of people;
- (e) be within the ability of the local community to operate and maintain in the short and long term;
- (c) involve a significant local contribution in cash, labor, or material;
- (f) whenever possible, contribute to income-generating or self-sustaining activities.

Projects involving religious or military activities, or related to prisons or law enforcement cannot be considered.

Examples of projects include:

- (a) those related to water access or sanitation (wells, tanks, cisterns, latrines, sewers...);
- (b) those that help a vulnerable group (orphans, youth, elderly, widows, children, young single mothers, victims of conflict, of torture, of violence...);
- (c) those that give temporary employment to workers suffering unemployment in post-conflict settings, while at the same time contributing to road construction and maintenance, irrigation works, reforestation, soil conservation.

Organizations that meet these qualifications are welcome to complete this form and return it to the Embassy. Applications are accepted April to November. Selection of projects takes place normally between September and November. Please note that due to the large number of applications we will contact you only after the selection has taken place, unless we need additional information from you. Normal funding level is \$2,000 - \$10,000, sometimes less, or more.

Association/Organization/Group requesting funding

Name of the association: _____

Year established: _____ Number of members: _____

Address: _____

Name of Contact (1): _____

Title within the organization: _____

Telephone: _____ E-mail: _____

Name of Contact (2): _____

Title within the organization: _____

Telephone: _____ E-mail: _____

Has this organization received previous SSH grants? Yes / No - Year(s): _____

Projects already undertaken by your organization: _____

Description of Project

Description of project *(including for example: (1) location (2) objectives (3) activities (4) calendar (5) who does what)*

Direct and Indirect Beneficiaries of the Project (who are they, how many, how will this project contribute to their development and self-sufficiency): _____

If the project includes income-generating activities, how will these activities be financed in the future? How will management and responsibilities be shared between beneficiaries? How will income be shared? Used? Reinvested?

(Note : this question applies only to the projects that include income-generating activities)

Financial Information

Please provide a detailed budget showing the items to be supplied by each contributor, stating separately (a) a breakdown of the contribution requested from the Embassy, (b) an estimate of your organization's contribution, and (c) the contribution of other donors, if any. You must include the quantity and estimated cost for each item. If possible attach pro-forma invoices from proposed suppliers. *Where appropriate, the Embassy will give preference to applications which use U.S.- made articles.* Cost estimates should not include customs duties or other taxes, as Self Help purchases are exempt from these.

Embassy Contribution:

